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RELATION OF THE NURSE TO THE HEALTH OF THE INFANT *

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IN 1785, John Howard, an English philanthropist, undertook a visit to the principal lazarettos and hospitals in Europe, and from actual acquaintance with the horrors and filth then prevailing in those institutions, wrote a book describing his sojourn in them. He describes one hospital, which may serve as a composite of them all: "The pavement is of neat marble or stone squares. The ceiling is lofty, but being wood, now turned black. The windows being small and the walls hung round with dusty pictures, this noble hall makes but a gloomy appearance. All the patients lie singly (in some hospitals they lie two in a bed). One ward is for patients dangerously sick or dying; another for patients of the middle rank of life, and the third for the lower and poorer sort of patients. In this last ward, which is the largest, there were four rows of beds. In the others only two. They were all so dirty and offensive as to create the necessity of perfuming them, and I observed that the physician in going his rounds was obliged to keep his handkerchief to his face."

The hospital for years, prior to the introduction of organized nursing, was in many cases, as shown by Howard and others, a close, dark, foul institution, where patients frequently lay two in a bed and where, amid scenes of suffering almost impossible for us to imagine, they led an existence from which death was their only relief. It was the labors of Howard and later of such women as Mrs. Fry that had much to do with bringing about such reforms as a little light, a little air, and a little cleanliness introduced into the foul pest-holes that frequently served as the hospitals up to the early part of the last century.

The fearful carnage incident to war in the Crimea was, however, the determining factor in causing an orderly attempt at the first organization of a nursing force for the care of sick and wounded soldiers. Organized nursing then had its birth in the year-long siege

* Read at the ninth annual meeting of the New York State Nurses' Association, October, 1910.

in the Crimea, where on either side unknown thousands of men were killed and wounded, and where the wounded were so badly cared for that a commission was demanded in England for the investigation of the conduct of military hospitals; and finally there was secured for the purpose of organizing a nursing force Florence Nightingale, the pioneer of the trained nursing movement in the world. All of this happened before the general use of anæsthesia, and in the days when a gun-shot wound of the joint meant amputation, when long silk ligatures fastened to arteries held back the life stream, and, bathed in laudable pus, hung through gaping wounds till they separated. Lint and tow absorbed the copious, stinking secretions. Listerism had not yet been born.

Thus, modern organized nursing, conceived and born amid such scenes and struggles, was essentially the nursing of the sick. When it grew and found its way from the battle-field and military hospital to the civil hospital it still remained the nursing of the sick. To be sure its duties then consisted largely of nursing fevers, consumption, typhoid, and pneumonia; but its aim was still toward the surgical side, and though removed from the glamor of war, its devotees still looked forward to promotion to the operating room and to amputations, bone and joint operations, laparotomies, and trephinations. All the training of the nurse has been to care for the sick, and she has, therefore, become a sick nurse, because all the training of her teachers has been to care for the sick.

But when the principles of nursing introduced by Florence Nightingale were transferred from the military hospital of the Crimea to the civil hospital of St. Thomas at London, she felt that nursing, whether in field or camp, in military or civil hospital, should have a higher and a nobler aim than that of nursing the sick; for it is one thing for a sick nurse to heal the sick, to nurse the wounded hero back to life and strength, and then, the war over, to carry on her work in the medical and surgical wards of the general civil hospitals. But there was a goal for the nurse higher than that to be reached in nursing the sick, in being a sick nurse, and that, as Florence Nightingale put it, was to be a health nurse.

The sick nurse can nurse the poor in the hospitals, in dispensaries, or as a visiting nurse attached to some philanthropy sending its emissaries to the sufferer outside the hospital wards; but the health nurse has, or is to have, a larger sphere of operation when society fully appreciates her, when our political institutions make a demand for

her services, and when the nursing forces of the state, by education and training, fit themselves for the call to the newer duties of health nurse: for the nurse of the future is to become more and more a teacher of the well, and less and less a nurse of the sick. Demands are already being made for her work in the newer philanthropy, where she is to teach people how to live—how to be well.

Not only from the schools does this call come for the teacher nurse, but it comes from those philanthropic and municipal organizations all ready to enlist her services as neighborly and friendly visitor in the new hygiene which the new philanthropy is endeavoring to teach—the art of keeping people well. For it has at least been seen by the few if not by the many, that old nursing like old medicine, and like old hygiene and sanitation, must change its methods of work; not altogether because of the larger sympathy and humanitarianism of the twentieth century, but because it has been found that it is cheaper to prevent sickness than it is to permit it to occur and then have to take care of it.

The wage earner and father with pneumonia, the wife and mother with consumption, the syphilitic and gonorrhœal men and women, the adolescents with typhoid, and the little children with scarlet fever, diphtheria, measles, and whooping-cough, the babies with intestinal diseases, who are badly fed on bad food—all these, through sickness and death, become economic burdens which society no longer intends to bear; not altogether because society feels sorry, but because it has been found that it is cheaper to prevent sickness than it is to nurse it.

Deploring the needless expense of war, the cartoonist represents the European peasant bearing a soldier on his back as his contribution to the national war chest. Might not the maker of pictures of to-day with equal freedom represent the American tax-payer each loaded down with the weight of a whole family sick with preventable disease?

Of our population of 85,000,000, eighteen in every thousand die which means that we lose each year by death 1,530,000, and of these deaths 42 per cent., or 642,600, are preventable or postponable, and if each preventable or postponable death is valued at only \$1700, the annual loss in deaths from preventable and postponable causes amounts to \$1,092,420,000. Add to this money loss, suffering, orphanage, widowhood, loss of earning power, would not the cartoonist be justified in drawing his picture?

What have we been doing to remedy these conditions? We have been giving medicine, performing operations, looking wise and talking about the filth theory of disease, incorporating into our laws statements about the dangers of sewer gas and the necessity for traps, establishing useless quarantines, and blindly distributing disinfectants—and nursing the sick. We have been spending millions of dollars to establish and conduct hospitals and schools to train men and women, who, to earn a living, must perforce wait for people to become sick. We even pray that the orphaned may be cared for, the naked clothed, the hungry fed, and the sick healed, and while we are waiting for the sick to come to us we hear the modern protests against old medicine, faith cure, Christian Science, osteopathy, all crying aloud and gaining converts, while we wait and cling to the old faith and fight disease in the old way.

We, to-day, are so engaged in fighting diseases, planning campaigns against tuberculosis, that we forget there is a warfare to be waged for health, and that the chief fight in that battle,—using the common military phrase,—is to be fought for the child. No one as yet has made an organized effort to secure to the child its birthright of health. To be sure we have medical school inspection and school nurses, and some slight attempt has been made to medically inspect the child, when at the tender age of fourteen, with its unformed body and half-hardened bones, it asks a benign government for permission to go to work, but that unfilled gap between birth and its fifth or sixth year, when it usually enters school, has been totally unprovided for under our system of government.

Who teaches the mother who bears the child how to care for the child? If the child is a little sick, if it is undernourished, slightly anæmic, has a little consumption or a little rickets, nobody pays any attention to it because it is nobody's business. If the child is a well child, nobody attempts to keep it well because it is nobody's business. But if the child has a spine twisted out of shape like that of "Smiling Joe," if it has very badly crooked legs, if it has rickets, or pneumonia, or diphtheria, or scarlet fever, if it even becomes sick from dirty milk with which the municipal authorities permit it to be poisoned, a hospital opens its doors and physicians and nurses take it, and sick nurse it. The child in order to be cared for must be sick. He must be dramatically sick if he is to be well cared for. If he is a little sick he is neglected. If he is surprisingly well, there is no one to teach him how to stay well. But why did the child become sick?

Nobody knows, because it is nobody's business, and of course nobody knows why he became sick.

One day it will be somebody's business to learn who made the man or the woman sick, and why the little child should carry all its days the marks of the city that made it sick, for it is the city that makes men, women, and children sick. The city with its laws that soothe rather than compel; the city that puts the blight of the tenement and block on man and his family, the price of rent and food and clothing, heat, light, and transportation, the stress of labor, and the want of teachers, education, and training to show men and women, the fathers and mothers of little children, how to keep them well.

A recent novelist has characterized the upbringing of children in these words: "And also they fed him rather unwisely, for no one had ever troubled to teach his mother anything about the mysteries of a child's upbringing, though of course the monthly nurse and her charwoman gave some valuable hints,—and by his fifth birthday the perfect rhythms of his nice new interior were already darkened with perplexity."

There is demanded for our time a new education and a new teacher. The education to be the way to health and the teacher to be the teacher nurse, and in this work of education the new teacher nurse is to play a great part. She it is that will carry to the expectant mother the knowledge of what to do for the child she is to bear. It is the nurse who will advise, teach, and train the mother in the care of her little children. She it is who will point the way to health. She will be school nurse, and visiting nurse, and neighboring nurse, and her efforts will be directed from the school, the church, the hospital,—ultimately with its social service department, from the health bureau,—and work will go on the year round.

What nurses might do as health nurses may be seen from what our ten Rochester nurses did during July and August for the health of more than five hundred children: many of them sick, but most of whom it was their duty to keep well. These ten nurses prepared food for and visited 538 babies, many of them, of course, sick, and of these babies only twelve died. What could an organized service of nurses do if employed to preserve health all the year round? How many nurses would it take to care for 538 sick babies in a hospital? The fact is the nurse who does health nursing increases her efficiency an hundred fold. Here is found the true relation of the nurse to the health of the infant.

You nurses remember in ministering to the sick that there is a service for the well, and that just as the nineteenth century was the age of steam and electricity, so the twentieth century is to be the age of hygiene and sanitation. The time is coming for you to play your part as teacher health nurse in the service of the well. Will you be as ready for employment in the aid of health as you are to go to the surgical ward and the typhoid camp?

ANÆSTHESIA SCREEN

By MISS AGATHA HODGINS

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THE following is a description of a very simple and what we have found in our clinic a sufficient protection for the anæsthetist in our neck work, especially in goitre operations.

It consists of a large sterilized square of cotton and gauze, 42 inches wide and 56 inches long. The cotton material extends back 20 inches. The gauze is then joined along the width (42 inches) and measures back 36 inches.

The centre of the cotton part is curved like a bib to fit the neck. This curve measures 14 inches and has a casing through which runs a drawing tape, so that the curve may be made smaller. This bib-like part is adjusted by tying or is secured to the patient's rubber cap by means of hæmostats. We use the latter method.

When the screen is adjusted by his assistants to suit the operator, it is thrown back over the anæsthetist's head, completely screening her from the operating field, the cotton part coming between her and the field. The gauze gives sufficient air, and is kept in the required position by securing it to the anæsthetist's gown with hæmostats.

In Doctor Crile's clinic we use nitrous oxide and oxygen almost exclusively. It is impossible of course to sterilize the apparatus, and we have therefore found this screen most valuable, as it does not slip out of position. We have also used it with ether anæsthesia and think it makes the problem of keeping away from the field much more simple and comfortable for the anæsthetist.